	TMENT OF HEALTH	AND HUMAN RVICES & MEDICAID SERVICES	(45	d 3/20/11	FORM	02/03/201 APPROVEI 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1) MULTII BUILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SI COMPLE	URVEY
	N	445136	В. \	WING _	***************************************	02/0	1/2011
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 02.0	
MASTER	S HEALTH CARE CE	NTER INC			78 DRY VALLEY RD LGOOD, TN 38501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PR	ID REFIX FAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES (ERCY)	ULD BE	(X5) COMPLETION DATE
K 052 SS=E		FETY CODE STANDARD required for life safety is	ı	K 052	This Plan of Correction is the center's credi allegation of compliance.	ble	
	installed, tested, an with NFPA 70 Natio 72. The system has	d maintained in accordance anal Electrical Code and NFPA an approved maintenance a complying with applicable			Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. The correction is prepared and/or executed sole it is required by the provisions of federal and	by the conclusions he plan of hly because	
	.*						
g					· ·		
	Based on observation	s not met as evidenced by: ons, it was determined the ntain the fire alarm system.					
	The findings include	e:					
	front office located of 10:10 AM, revealed were blocked with e	central supply room and the on the 1st floor on 2/1/11 at the fire alarm <u>pull station</u> s quipment. National Fire on (NFPA) 72, 2-8.2.2				V	
K 054 SS=D	Maintenance at the NFPA 101 LIFE SA	knowledged by the erified by the Director of exit conference on 2/1/11. FETY CODE STANDARD detectors, including those	× 1	< 054	K054 Simplex (approved vendor) will move smol detector 3ft. from the air return vent to com current fire safety requirements. All smoke detectors will be checked by ma staff monthly as part of the facility PM programment.	ply with	3/2/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

with the manufacturer's specifications.

activating door hold-open devices, are approved,

maintained, inspected and tested in accordance

TITLE (X6) DATE

the fire prevention / detection system. Results will be

reported to the PI committee (DNS, ED, UC, MDS

services supervisor, Admission Director, DSC MD quarterly) by the maintenance director at it regular scheduled meetings for review and recommendation,

coordinator, ADNS, Dietician, Environmental

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

as indicated

9.6.1.3

DEPARTMENT OF HEALTH AND HUMAN .RVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION (X1) PROVIDE		IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE S COMPLI	
		445136	B. WIN	NG _		02/0	1/2011
MASTER	PROVIDER OR SUPPLIER RS HEALTH CARE CE	NTER INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 78 DRY VALLEY RD ALGOOD, TN 38501 PROVIDER'S PLAN OF CORREC		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREF TAG		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 054	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke detectors. The findings include: Observations of the basement's corridor by room 504 on 2/1/11 at 10:30 AM, revealed the smoke detector was installed within 3 ft. of the air return vent. National Fire Protection Association (NFPA). 72, 2-3.5.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5		K 05		This Plan of Correction is the center's cred allegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. To correction is prepared and/or executed sole it is required by the provisions of federal and it is required by the provisions of federal and the provision of federal and the provisions of federal and the provision of federal and the provisions of federal and the provision of federal and the provisions of federal and the pr	at were only to provide the plan of the plan or, the meetings	02/28/2011
	Based on observation facility failed to main The findings include Observation of the ron 2/1/11 at 9:35 All plates were missing Fire Protection Assorthis finding was act	medical records storage room M, revealed 2 escutcheon from the sprinklers. National ociation (NFPA) 13, 3.2.8					

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Facility ID: TN7102

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED			
	445136 B. WING 02/		02/01/2011	01/2011				
NAME OF PROVIDER OR SUPPLIER MASTERS HEALTH CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 278 DRY VALLEY RD ALGOOD, TN 38501					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLET			
K 062 K 064 SS=D	Maintenance at the exit conference on 2/1/11.		K 062 K 064	allegation of compliance.	f correction by the conclusions te plan of ly because	8 8		
K 067 SS=E	Based on observatifacility failed to mai The findings included Observation of the floor on 2/1/11 at 10 extinguisher was la National Fire Protect 4.3.1 This findings was a Administrator and was Maintenance at the NFPA 101 LIFE SA Heating, ventilating with the provisions in accordance with specifications. 19.5.2.2 This STANDARD is	service hall located on the 1st 0:15 AM, revealed the fire st inspected on October 2010. ction Association (NFPA) 10, cknowledged by the erified by the Director of exit conference on 2/1/11. FETY CODE STANDARD, and air conditioning comply of section 9.2 and are installed the manufacturer's 0.5.2.1, 9.2, NFPA 90A,	K 067	K064 On 02/02/2011 maintenance staff checked extinguishers, marking inspection date, stathe March check. A floor plan will be mar assure no extinguishers are missed by main staff monthly as part of the facility PM prothe fire prevention/detection system. Result reported to the PI committee (DNS, ED, Ucoordinator, ADNS, Dietician, Environment services supervisor, Admission Director, Dquarterly) at it regular scheduled meetings and recommendation, as indicated K067 On 02/07/2011 maintenance staff determint broken belt on exhaust system for areas list replaced immediately. Maintenance will clexhaust vents on a weekly basis as part of the PM program. Results will be reported to the committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services and Admission Director, DSC MD quarterly) at scheduled meetings for review and recommas indicated	rting with ked to help itenance gram for its will be itenance gram for its will be itenance gram for its will be itenance gram for review or its will be itenance gram for its will be itenance			
		ons it was determined the						

DEPARTMENT OF HEALTH AND HUMAN RVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 650	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		445136	B. WING	G		02/0	01/2011	
	PROVIDER OR SUPPLIER	NTER INC		27	EET ADDRESS, CITY, STATE, ZIP CODE 8 DRY VALLEY RD LGOOD, TN 38501		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	ĸ	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 141 \$\$≈D	facility failed to main and the air condition. The findings include Observations of the hall janitor's closet, room on 2/1/11 at 9 fans were not worki Association (NFPA). This finding was acl Administrator and v. Maintenance at the NFPA 101 LIFE SA. Non-smoking and n. where oxygen is use with 19.3.2.4, NFPA. This STANDARD is Based on observation facility failed to main were oxygen was been revealed oxygen stoprecautionary sign precautionary sign	ntain the heating ventilating, ning system. e: e front lobby bathrooms, the A and the B hall soiled utility 0:30 AM, revealed the exhaust ing. National Fire protection 101, 19.5.2.1 knowledged by the verified by the Director of exit conference on 2/1/11. FETY CODE STANDARD no smoking signs in areas ed or stored are in accordance A 99, 8.6.4.2. s not met as evidenced by: on it was determined the ntain the no smoking signs eing stored. e: G wing dirty utility room ment on 2/1/11 at 10:40 AM, ored in the room and no posted on the door. National ociation NFPA 99,8.6.4.2	K 06	41	This Plan of Correction is the center's crediallegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. The correction is prepared and/or executed sole it is required by the provisions of federal and the interest of the provisions of federal and the interest of the provisions of federal and the interest of the provisions of federal and the provisions of the facility of the provisions of federal and the provisions of federal an	f correction by the conclusions he plan of ely because nd state law. 2011 de by f will proper y PM or, upervisor, it regular	02/28/2011	
K 147		FETY CODE STANDARD	K 14	17				

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Facility ID: TN7102

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED			
		445136	B. WING _	ING		1/2011		
NAME OF PROVIDER OR SUPPLIER MASTERS HEALTH CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 278 DRY VALLEY RD ALGOOD, TN 38501					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
K 147 SS=E	This STANDARD Based on observatifacility failed to con The findings includ (1) Observation of the 1st floor reveale outlets were ground (GFCI). National Fi (NFPA) 70, 517-20 (2) Observations of dry storage room, a located in the base revealed broken lig (3) Observations of the A and B nurses 2/1/11 at 10:20 AM were blocked with 110-26(a) These findings were Administrator and very	d equipment is in accordance tional Electrical Code. 9.1.2 Is not met as evidenced by: ions it was determined the apply with the electrical codes. e: the laundry room located on ed not all of the electrical default circuit interrupters re Protection Association	K 147		of correction t by the conclusions he plan of ely because and state law. In laundry replaced 2011, staff blocked 5/2011 and vill be ored by ted in the last facility the PI or, ADNS, or, it regular	2/28/2011		

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Event ID: Q6V821

Facility ID: TN7102

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